

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

11418 - 62-043954
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED NOV 30 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

42 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Chronic

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

St. Louis

d. STREET
ADDRESS

(If outside, give location)

1405 Park Ave.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOSEPHINE

BELFORD

4. DATE
OF
DEATH

Month

Day

Year

11

22

62

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

ABT. 1885

9. AGE (last birthday)

ABT. 77

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Mississippi

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Albert Washington

13b. MOTHER'S MAIDEN NAME

Lucy

14. NAME OF HUSBAND OR WIFE

Ruben Belford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Virginia Copeland, 3628th N. Taylor18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL FAILURE

INTERVAL BETWEEN
ONSET AND DEATH

48 HOURS

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

15 YEARS

DUE TO (c)

420.0 H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

CARCINOMA OF PANCREAS - ARTERITIS - ANEMIA

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-11-62 to 11-22-62 and last saw her alive on 11-22-62

Death occurred at 4:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John J. Keeney, M.D.

22b. ADDRESS

5800 Arsenal Ave

22c. DATE SIGNED

11-23-62

23a. BURIAL, CREMATION, OR
REMOVAL (Specify)

23b. DATE

REMOVAL 11-29-62

23c. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gordon - English 1123 N. Taylor

25. DATE RECD. BY LOCAL REG.

NOV 27 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

1173 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.